

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

99 DEC 17 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M98000000169

1. Limited Liability Company's Name

VISTA EYECARE NETWORK, LLC

2. Principal Office Address

296 Grayson Highway

Suite, Apt. #, etc.

3. Mailing Office Address

296 Grayson Hwy.,

Suite, Apt. #, etc.

Legal/C.Mingle

City & State

Lawrenceville, GA

City & State

Lawrenceville, GA

Zip

30045-5793

Country

USA

Zip

30045-5793

Country

USA

REINSTATEMENT

GA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

2/20/98

6. FEI Number

86-0891113

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Deborah D. Skipper

Deborah D. Skipper  
as its agent

Date 12-13-99

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	NEW WEST EYEWORKS, INC.	296 Grayson Highway	Lawrenceville, GA 30045-5793
MGR	[see attached list]		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: NEW WEST EYEWORKS, a Delaware corporation, sole member  
Date: 12/13/99 Daytime Phone #: 770 822-3600 x20  
Mitchell Goodman, Vice President and Secretary or 770-822-2025  
direct: Charles Mingle, Sr. Paralegal

## VISTA EYECARE NETWORK, LLC

### MEMBER

NEW WEST EYECARE, INC. is sole member of VISTA EYECARE NETWORK, LLC.

### MANAGERS

#### OFFICERS\*

OFFICE	NAME	BUSINESS ADDRESS
Chairman of the Board, President and Chief Executive Officer	James W. Krause	296 Grayson Hwy., Lawrenceville, GA 30045-5793
Vice President and Secretary	Mitchell Goodman	296 Grayson Hwy., Lawrenceville, GA 30045-5793
Vice President, Chief Financial Officer, and Treasurer	Angus C. Morrison	296 Grayson Hwy., Lawrenceville, GA 30045-5793
Vice President and Controller	Timothy W. Ranney	296 Grayson Hwy., Lawrenceville, GA 30045-5793
Director of Treasury Operations	Melissa Allen	296 Grayson Hwy., Lawrenceville, GA 30045-5793
Assistant Treasurer	(Open)	296 Grayson Hwy., Lawrenceville, GA 30045-5793

\*Per Action by Written Consent of Board of Directors of VISTA EYECARE NETWORK, LLC, dated April 22, 1999.

#### DIRECTORS\*

NAME	BUSINESS ADDRESS
Mitchell Goodman	296 Grayson Hwy., Lawrenceville, GA 30045-5793
Angus C. Morrison	296 Grayson Hwy., Lawrenceville, GA 30045-5793

\*Per Action by Written Consent of the Sole Member of VISTA EYECARE NETWORK, LLC in lieu of the 1999 Annual Meeting of the Member of Vista Eyecare Network, LLC, dated April 22, 1999.